

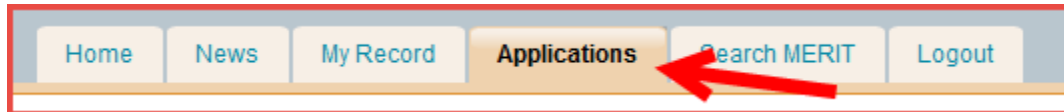


Washington State Department of Early Learning

Conference/Special Event- Application Guide

This document will guide you through submitting the Conference/Special Event application in MERIT.

- Sign in to MERIT: <http://merit.del.wa.gov/>
- Select the Applications tab and then select the Conference/Special Event Application (see picture below):



Professional Development and Training	
Training Reimbursement	Use this application to request a cost reimbursement for a state-approved training that you have completed within the past 12 months. Trainings approved for STARS hours through a Continuing Education Proposal (CEP) are not eligible for reimbursement.
State-Approved Trainer Application	Use this application to apply to become a state-approved trainer at any level.
Conference/Special Event Application	Use this application if you are an organization, practitioner or an individual hosting a training event and requesting to provide STARS hours. Training events may include conferences, visiting speakers, or an ongoing training series.
Continuing Education Proposal	Use this application to request STARS credit hours for trainings taken out-of-state, from a non-state-approved trainer or for a college class that is not within a college's Early Childhood Education Department. You will need to submit supporting documents to the Department of Early Learning (DEL) for verification. If you currently work in a Head Start or ECEAP site that is not also licensed by DEL you are not subject to the Initial Training Requirement training requirement.

Step One: Begin the application by selecting the event type and the organization information.

Select the event type – make a selection based on the information provide in the FAQs link (highlighted below).

Please read the Conference/Special Events **FAQs** for more information

Select Event Type

Please select one type of event:

- ☒ **One-time Event** - A single day event by someone who is not a state-approved trainer.
- ☐ **Conference** - A one day or multi-day event.
- ☐ **Ongoing series** - A training that meets repeatedly.

Select organization information – if your organization is listed in MERIT you can search for it by typing out the organization name in the blank box. You can also check the box to allow other administrators associated with your organization to edit the rosters.

If your organization is not listed in MERIT, but you would like it to be, please contact training@del.wa.gov for more information.

Organization Information

Is the event associated with an ☒ Yes ☐ No Organization?

To search for an organization, click in the field labeled "Organization" and begin typing the organization's name.

Organization *

Allow the Organization to manage ☒ This allows someone to manage rosters on behalf of the organization. Contact MERIT@del.wa.gov for the training roster? additional support.

If you are not associated with an organization, you will need a business ID number, please refer to this website for more information: <http://www.bls.dor.wa.gov/>

Organization Information

Is the event associated with an ☐ Yes ☒ No Organization?

All independent trainers not affiliated with organizations are required to have an active business license with the State of Washington.

UBI #: *

Step two: This section will allow you to provide detailed information regarding your Conference/Special Event. Please fill out all required fields, and remember to uncheck the “Publicly Available” box if this is a closed event.

Event Information

Title of Event

*

Event Description

*

Publicly Available

☒

Please check this box if you would like the event to be advertised across the state and open to all participants. Do not check this box if you have a set participant list and are not opening the training to additional participants.

Event Start Date

*

Event End Date

*

Contact Phone

*

Registration Website

Event Address

Address 1

*

Address 2

City

*

State

Please Select

*

Zip Code

*

County

Please Select

*

Country

Please Select

*

Select the cost structure that best describes your event. Cost is calculated per individual participant.

Event Cost

Cost Structure

Please Select

*

?

Amount

Please Select

Fixed Rate

Sliding Scale

Free

Step three: Enter session information by clicking on the tab to add a session.

Session Information

Enter training information in the table below. Add additional sessions using the + button as needed for a series.

+ Click here to add a Session

Session Title	Presenter Name	Audience	Core Competency Hours	Delete	Edit	Copy
---------------	----------------	----------	-----------------------	--------	------	------

Your first step will be to give some detail about the individual session(s). **Tip:** It will be helpful when adding to the roster to enter a lot of detail in the “Session Title” (example: Circle Time Fun with Mary Ramirez, Spanish, afternoon session).

Session Title: *

Presenter Name: *

Start Date: *

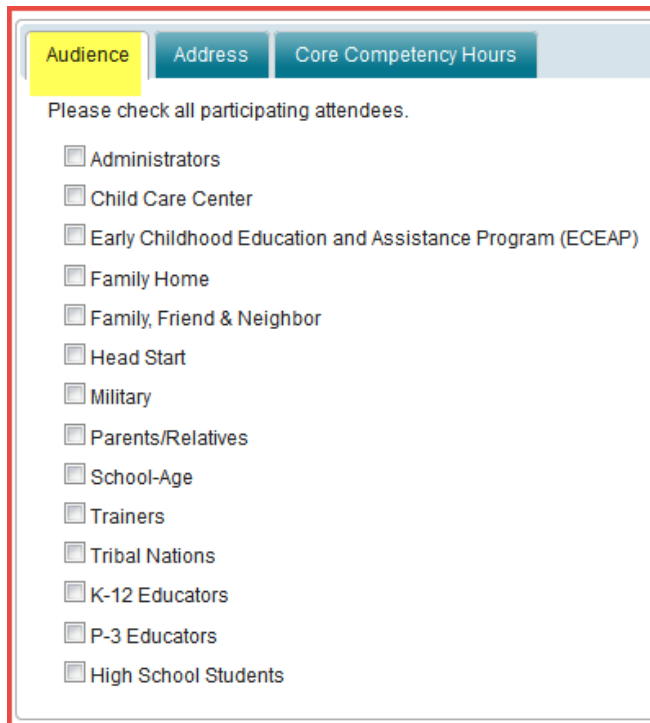
Start Time: *

End Time: *

Session Length: Hours

Please complete the three tabs below prior to moving forward.

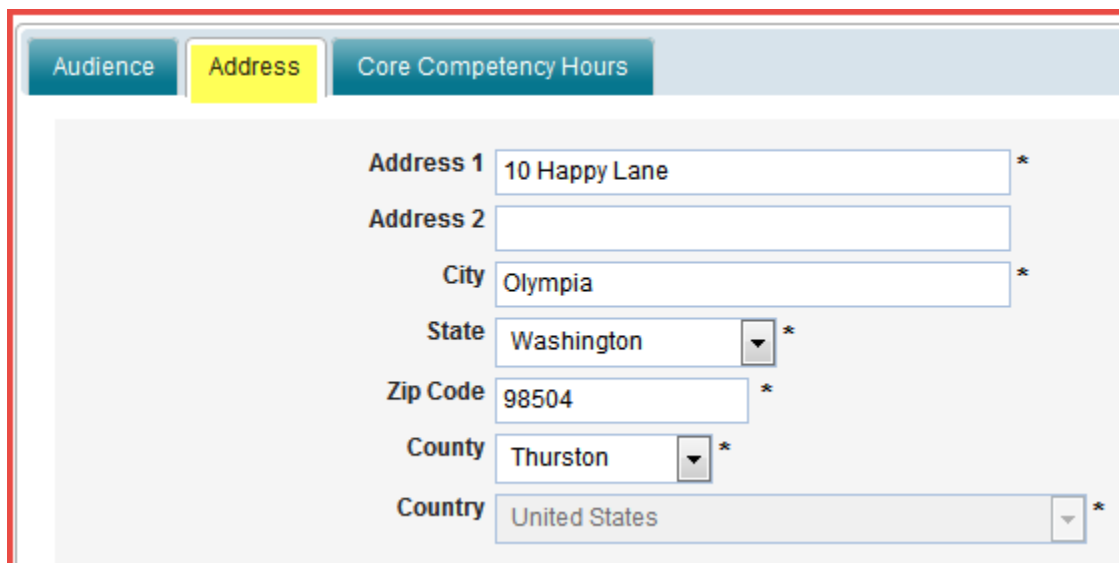
Next you will select the audience for the session.



A screenshot of a web form with three tabs: "Audience" (highlighted in yellow), "Address", and "Core Competency Hours". Below the tabs, the text "Please check all participating attendees." is followed by a list of audience categories, each with an unchecked checkbox:

- ☐ Administrators
- ☐ Child Care Center
- ☐ Early Childhood Education and Assistance Program (ECEAP)
- ☐ Family Home
- ☐ Family, Friend & Neighbor
- ☐ Head Start
- ☐ Military
- ☐ Parents/Relatives
- ☐ School-Age
- ☐ Trainers
- ☐ Tribal Nations
- ☐ K-12 Educators
- ☐ P-3 Educators
- ☐ High School Students

The address section will allow you to enter a different address for each separate session.



A screenshot of a web form with three tabs: "Audience", "Address" (highlighted in yellow), and "Core Competency Hours". Below the tabs, the form contains several input fields for address information, each with an asterisk indicating it is required:

- Address 1**: Text input field containing "10 Happy Lane".
- Address 2**: Empty text input field.
- City**: Text input field containing "Olympia".
- State**: Dropdown menu showing "Washington".
- Zip Code**: Text input field containing "98504".
- County**: Dropdown menu showing "Thurston".
- Country**: Dropdown menu showing "United States".

Your final step in this section will be to select the Core Competency Hours. Once you are through, select save.

Audience Address **Core Competency Hours**

Identify the core competency areas that apply to the training. A minimum of 1 hour must be spent on any competency area to be counted.

Early Care & Education Professionals	Hours	School-Age Professionals	Hours
Child Growth & Development	<input type="text"/>	Child/Adolescent Growth and Development	<input type="text"/>
Curriculum & Learning Environment	<input type="text"/>	Learning Environment & Curriculum	<input type="text"/>
Ongoing Measurement of Child Progress	<input type="text"/>	Child/Adolescent Observation & Assessment	<input type="text"/>
Families & Community Partnerships	<input type="text"/>	Families, Communities & Schools	<input type="text"/>
Health, Safety & Nutrition	<input type="text"/>	Safety & Wellness	<input type="text"/>
Interactions	<input type="text"/>	Interactions with Children/Youth	<input type="text"/>
Program Planning & Development	<input type="text"/>	Program Planning & Development	<input type="text"/>
Professional Development & Leadership	<input type="text"/>	Professional Development & Leadership	<input type="text"/>
		Cultural Competency & Responsiveness	<input type="text"/>
		Youth Empowerment	<input type="text"/>

Cancel Add Another Save

Now you will have the opportunity to add a new session, copy the session you created, or edit the session you created. Once you are finished, select “Next.”

Back Next

Session Information

Enter training information in the table below. Add additional sessions using the + button as needed for a series.

+ Click here to add a Session

Session Title	Presenter Name	Audience	Core Competency Hours	Delete	Edit	Copy
Circle Time Fun/Mary Ramirez/Spanish afternoon session	Mary Ramirez	• Child Care Center	• Child Growth & Development 1.00 hours			

Back Next

On the final step of the application you will be able to review what you entered and make changes by going back to the specified step. Once your application is complete, please read the applicant assurances, sign your name, and submit.

 * agree that the information on this application and the supplemental documentation provided are true and correct to the best of my knowledge.' Below the signature line is the date 'Date: 09/11/2014'. At the bottom right, a red arrow points down towards the 'Submit' button. The bottom of the form contains 'Back' and 'Submit' buttons."/>

Applicant Agreement

I agree to:

- Follow the [NAEYC Code of Ethical Conduct Supplement for Early Childhood Education](#).
- Provide a certificate of completion to participants at the end of the training including: trainer name, participant name, training title, date(s) of training, core competency hours.
- Participation in further training review as determined by DEL.
- Complete the training roster within 10 business days of the training.
- Retain original documents for my personal records. Forms of documentation submitted for this application will become the property of DEL and may become public record.
- Comply with all requirements, policies and responsibilities associated with MERIT as stated in the [Conference/Special Event FAQ](#).

Signature: I, * agree that the information on this application and the supplemental documentation provided are true and correct to the best of my knowledge.

Date: 09/11/2014

Back Submit

You will be provided with specific instructions to submit your supporting documents (see FAQs for more information). Please contact training@del.wa.gov if you have any questions.